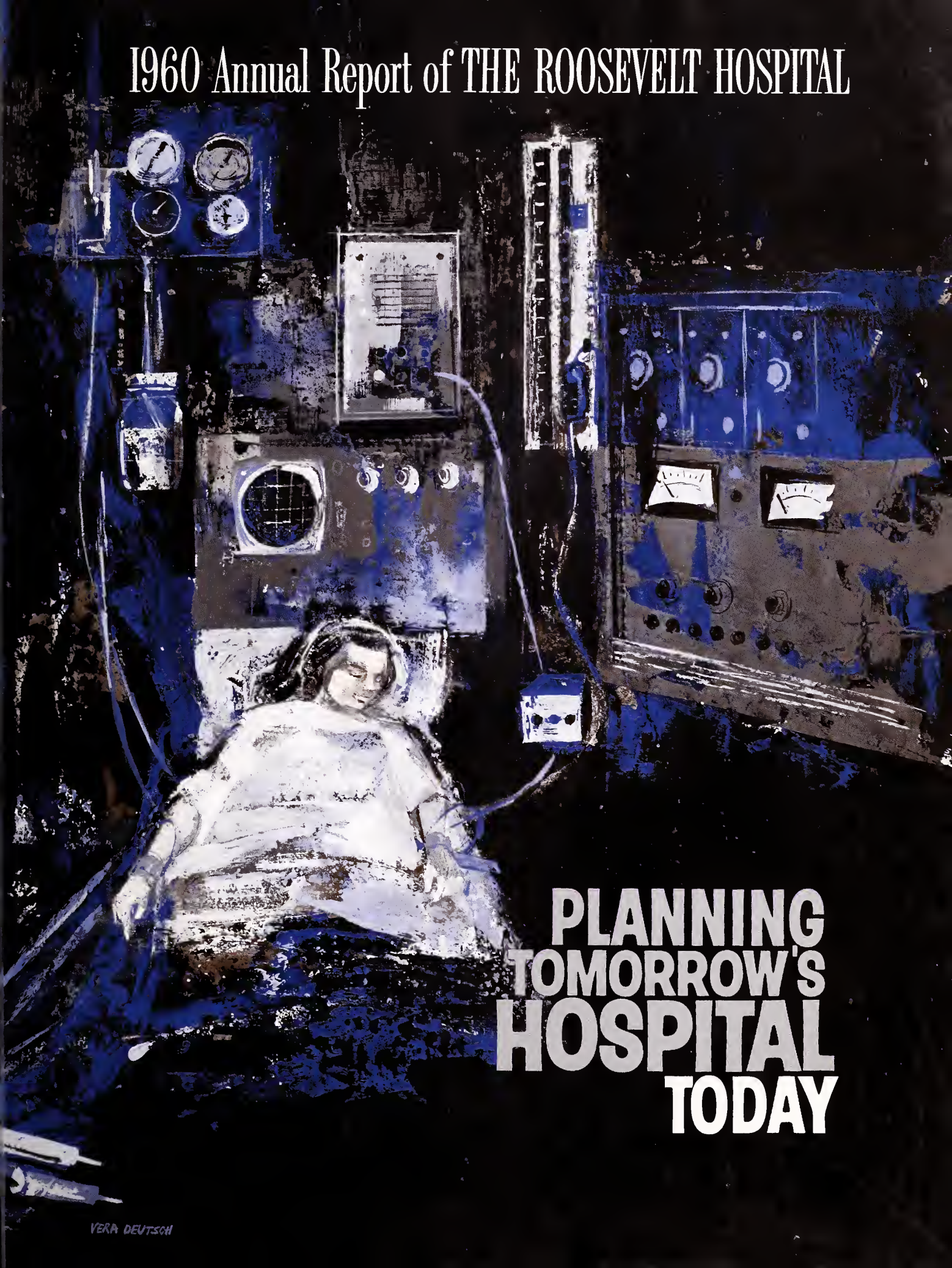


1960 Annual Report of THE ROOSEVELT HOSPITAL



**PLANNING
TOMORROW'S
HOSPITAL
TODAY**

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⁽¹⁾deceased, 1960 ⁽²⁾elected January, 1961 ⁽³⁾resigned, 1960



Cover Artist for the 1960 Annual Report of the Roosevelt Hospital is Vera Deutsch, who interpreted in her abstract painting the newly opened electronically monitored Special Care Unit described on page 6.

1960 Annual Report

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**all listings as of december 31, 1960*

THE ROOSEVELT HOSPITAL

428 WEST 59th STREET • NEW YORK 19, N. Y.



PLANNING FOR TOMORROW'S PATIENT TODAY

Patient Care

Great physicians of yesteryear would be astounded by the changes that have taken place in the whole field of patient care during recent years. We not only have progressed in the types of services offered to patients who come here for a myriad of treatments, but we have improved on the quality as well.

Since 1871, the first year The Roosevelt Hospital was opened, the unseen and unknown have become far more visible through x-rays, electrocardiographs and laboratory tests. Surgical procedures unbelievable even a few years ago, now correct many of nature's oversights.

Today we not only mend broken limbs and bodies, but we rehabilitate as well. We not only care for the physical needs of our patients, but also, we serve their emotional needs.

Our services are our means of medical care. And because Patient Care is Roosevelt Hospital's primary goal our services are in direct response to our patients' needs.

The number of patients receiving care reached an all time high during the past year. There were 10,859 patients admitted to our 452-bed hospital in 1960, in addition to the 53,355 persons who visited the 38 out-patient department clinics, the 32,767 who visited the allergy clinics and the 38,590 persons treated in the emergency room.

The Roosevelt Hospital's internationally known Institute of Allergy held 201 clinics in 1960 and admitted 633 new patients. In addition there were 78 allergy nose and throat clinics representing a total number of 552 visits.

The most significant achievement for improved patient care in the allergy department was the purchase, in 1960, of a Brown Emulsor for Repository Hay Fever Injection treatments.

During the past year our 350 members of the Medical Staff examined these patients, diagnosed their ailments, treated them, operated on them and watched over them, assisted by a dedicated nursing staff, technicians and aides.





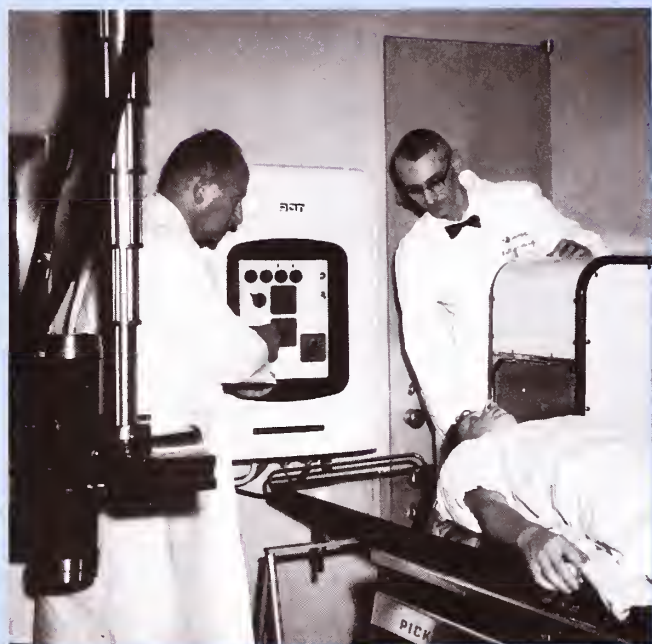
In our eight operating rooms a total of 5,857 major and minor operative procedures were recorded during 1960, an increase of 87 over the previous year. They spanned all of the services including general surgery, plastic and reconstructive, thoracic, neurosurgery, orthopedic surgery, urology, nose and throat, gynecology, and dental surgery.

Working side by side with surgical teams were the nurse anesthetists who performed 5,448 anesthetics with staff members in attendance for a total of 7,727 hours of general anesthesia. The most significant achievement in the anesthesia department in 1960 contributing to better patient care was the addition of a Bird Surgical Respirator and another hypothermia machine, the third of its type to be used as a form of therapy as well as an adjunct to anesthesia.

The Department of Radiology in 1960 processed 44,502 radiographic examinations on 35,866 patients. The Janeway Clinic treated an additional 233 patients with deep or superficial roentgen therapy for a total of 716 treatments. In addition 246 patients received Cobalt therapy; 3,658 Cobalt treatments were given and 242 radioactive iodine uptake studies were completed. The most significant addition in the Department of Radiology for improved patient care was the addition of a Rapid Film Changer that was made possible through a generous grant from the Lindsley Fund.

In the Department of Physical Medicine and Rehabilitation, our registered therapists, under doctors' orders, gave 22,783 treatments during 1960, to patients in the form of physical therapy, speech therapy, occupational therapy and recreational therapy.

Our Cardiac Pulmonary Laboratory staff performed many diagnostic procedures to establish the exact nature and location of heart abnormalities or deformities.





Our diagnostic laboratory processed hundreds of tests each day in order to assist the doctor in his treatment. These staff members include highly trained pathologists, the bio-chemists, bacteriologists and the trained technicians who assisted them.

To provide the type of patient care for which Roosevelt Hospital is known requires a large staff of registered nurses, who are dedicated to the highest principles of nursing care. Our nurses have had instilled in them a tradition of service that grows with each passing year at Roosevelt.

The nursing staff not only includes the registered nurses, but also the private duty R.N.s, the practical nurses, the aides and orderlies, and the nursing unit clerk who work together toward achieving our primary hospital goal—patient care.

During 1960 our pharmacy department filled 40,496 prescriptions for the out-patient department alone. The average annual total of prescriptions filled for in-patients was 140,000.

Because individualized care has always been a heritage at Roosevelt, the work of the Social Service Department has been expanding with each passing year. During 1960, 2,578 patients and patient groups were given casework service which included 25,753 interviews, telephone calls and agency work conferences with medical personnel. The work accomplished by this department did much to ease emotional strain and improve the morale of each patient.

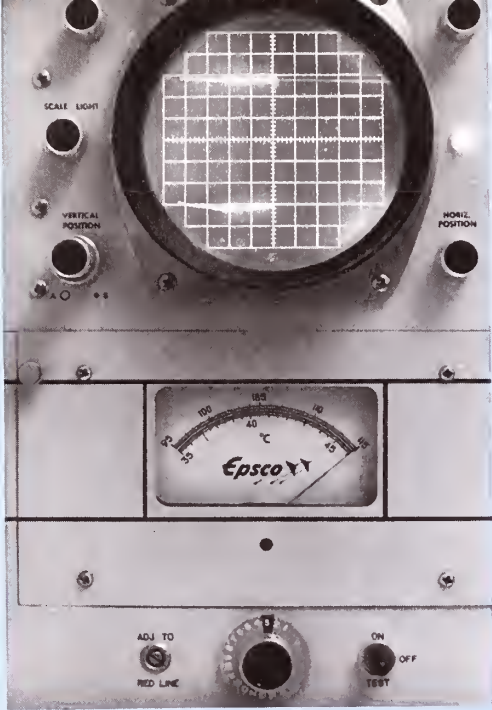
During 1960, 388,450 patient meals were served (plus another 459,219 meals served in the cafeteria to employees, student nurses, interns and residents.) Our Dietary Service is constantly adding new menu items, improving old ones and always striving to give the highest quality of food available. The most popular innovation started in this department during 1960 for the patients' benefit, was the introduction of the popular Early Bird Coffee and Afternoon Tea Hours for those wishing beverages before the arrival of their trays.

All members of the hospital staff and all pieces of equipment were kept in constant readiness to meet all emergencies to care for those stricken suddenly and unexpectedly and to bring to those patients in need, all of the benefits of modern medicine and surgery.

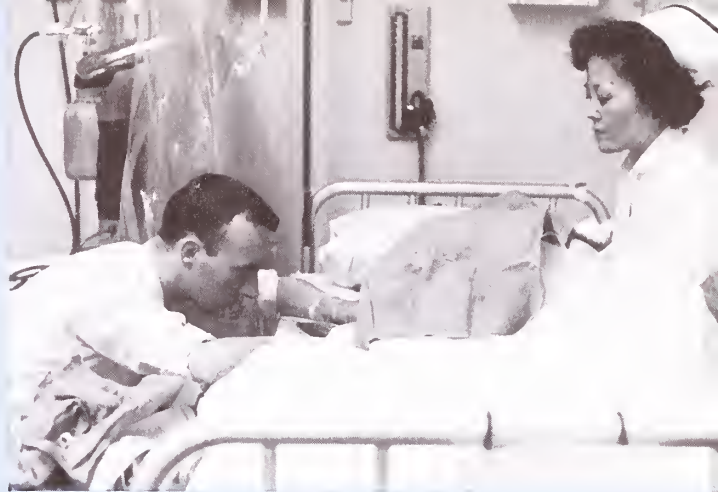


BUILDING TOMORROW'S HOSPITAL TODAY

Special



Care



The Roosevelt Hospital helped make medical history on Nov. 22, 1960, with the opening of its electronically monitored Special Care Unit, which may revolutionize the whole concept of patient care for the critically ill. Still in the experimental stage, the pilot project has a maximum capacity for 17 critically ill patients, located in one, two and six bed units, all concentrated in one area, and served by a specially trained staff. The only requirement for admission into the new unit is the severity of the patient's illness and his need for round-the-clock observation. Our experimental monitoring system is the most advanced step taken toward group monitoring in a hospital ward in the New York area. In the past few years electronic monitoring has been used in operating rooms and occasionally for one or two post operative or critically ill patients.

In the corridor of our unit is an EPSCO electronic monitor system which simultaneously records such vital physiological processes as the pulse rate, temperature, electrocardiogram and electroencephalogram. All measurements, except for temperature, are made using small voltage pick-ups attached to a few millivolts which are sent through a junction box at the head of each bed to the central console. Rectal temperature is measured by thermastatic control in a bridge circuit. EKG signals are measured by using voltages from the legs and the arms with the right leg taken as a reference. Electrodes inserted in the patients' hair are used to pick up the EEG voltages. Equipment for measuring respiration rate will be added later. The unit began by monitoring eight patients and will eventually monitor 17. It evolved after one year's intensive study by a committee composed of doctors, administrators, professional and technical staff members. The pilot project will be subject to any changes necessary, regarding the size of the bed units, colors, lighting and the size of the staff.

In addition to a hand-picked nursing staff, a medical and a surgical resident are assigned to the unit on a 24-hour basis. All personnel have been instructed in the use of the electronic monitoring console. The entire unit is air-conditioned, supplied with piped oxygen and suction and individual wall sphygmomanometers are located at each patient's bed side. Our Special Care Unit represents not only a concentration of qualified nursing and medical personnel, but also a concentration of life-saving equipment, including hypothermia machines and respirators, immediately available for the care of the critically ill, on a round-the-clock basis.

At the end of our experimental period, we shall have a model Special Care Unit which will not only continue to save patients' lives, but it will also serve as a model for other hospitals throughout the country.

Roosevelt Hospital will continue to foster individual care for each patient, but it will also keep pace with the rapid advancement in medical technology.





TRAINING TOMORROW'S DOCTORS AND NURSES TODAY

Teaching Program

In addition to our primary goal—patient care—the second most important contribution of Roosevelt Hospital has been its teaching program for the training of thousands of interns, residents and registered nurses. Our former residents are now in practice, engaged in research and teaching others wherever they are serving in 41 American states or many foreign countries.

To study at Roosevelt has always been a coveted privilege. Each year we can accept but a small fraction of those who apply here for their internships and residencies in medicine and surgery.

In addition to training young men and women to be doctors and nurses, Roosevelt has contributed to many original advances in medicine.

Many outstanding medical and surgical “alumni” have left a heritage of service to the patients they treated and to the interns, residents and nurses they taught here. Such men include Dr. Charles McBurney, Dr. William S. Halsted, Dr. Evan Morton Evans, Dr. James Ewing, Dr. William T. Bull, Dr. George E. Brewer, Dr. Joseph A. Blake, Dr. Francis Delafield, Dr. James I. Russell, Dr. Henry Cave, Dr. Howard C. Taylor, Dr. Charles H. Peck, Dr. William P. Healy, and Dr. Allen O. Whipple.

In addition to Roosevelt Hospital's close affiliation with the College of Physicians and Surgeons at Columbia University, our staff's teaching program is a continuous one—whether the classroom is in the operating room where young surgical residents are learning new surgical techniques from their older and more experienced members of the staff, or whether it is in our busy emergency room or on the wards. Our own School of Nursing which opened in 1896 is another training ground for the student nurses who wish to learn to become good outstanding nurses dedicated to patient care. Medical students from Columbia also receive some of their clinical teaching here at Roosevelt each year.

The interns and residents who come to us receive extensive, diversified and practical clinical training. They are offered mixed internships in which the surgical

intern rotates through the surgical, medical, gynecological, urological and emergency services and the medical intern rotates through the medical, surgical and pediatric services.

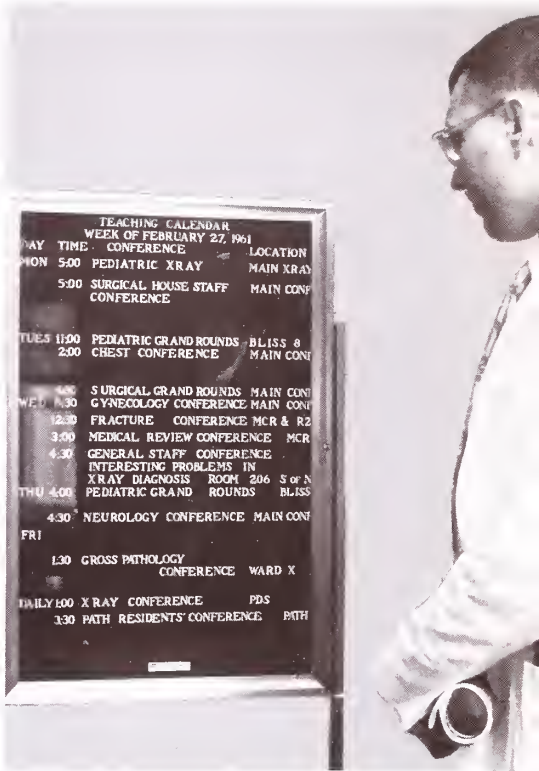
Our hospital participates in the National Intern Matching program and exercises care in abiding by its decisions. During 1960 there were eight medical internships, seven in surgery and one in dental surgery. The balance of the 76-member House Staff is composed of residents with one to four years experience behind them.

In addition to the patients assigned to them, interns and residents routinely see all patients on their respective services. They also participate in conferences, grand rounds, case presentations, clinics, patient rounds, tumor, radiology and other daily, weekly or monthly conferences.

Roosevelt offers residencies in the following 12 services: allergy dermatology, gynecology, hand surgery, internal medicine, otolaryngology, pathology, pediatrics, psychiatry, radiology, general surgery and urology.

When the Garrard Winston Memorial Building is completed in 1962, two new services—obstetrics and basic research—will be available for patient care, teaching and research purposes.

Medical residents also receive invaluable training in the Department of Electrocardiography where they obtain experience in the interpretation of EKG's and BMR's. They receive additional training in the cardiopulmonary laboratory where





they learn about the latest advancements in cardiac catheterization, angiocardio-graphy, pulmonary function testing and intracardiac electro-cardiography.

Our residents and interns are provided rooms in the hospital's residence hall or in the low-cost accommodations available to married members of the house staff in a 10-story building conveniently located across the street from the hospital, which was purchased to provide much needed living facilities for our doctors and nurses.

A very adequate medical library is open at all times. It contains reference material on all medical subjects. Through its library committee, the Medical Board regularly purchases journal subscriptions and continues to add to the valuable collection on the shelves.

Roosevelt is one of the few hospitals in the country to offer members of the house staff and attending staffs, the full time services of a medical clinical research editor. A full-time medical illustrator is also available.

The second major teaching responsibility of the hospital, our School of Nursing, offers a three year course in professional nursing. In 1960, a record number of 124 students were enrolled. They continued to tax the facilities of our over-crowded nursing residence.

Before the student nurse begins working with patients, she learns in the laboratory and classroom the sciences basic to nursing—anatomy, physiology, pharmacology, sociology, chemistry and the fundamentals of nursing care. When she completes her pre-clinical period, she begins the long and varied clinical experience, learning at the patient's bedside, the fundamentals of personalized nursing care.

The accelerated development of medical knowledge has created heavy demands for expanded hospital teaching services. If our interns, residents and nurses are to take full advantage of the new advancements in medical knowledge, the hospital must continue to provide the finest facilities and latest equipment.

These, unfortunately, are expensive and they add to the mounting over-all costs of operating a teaching hospital today. In 1960 the total cost of supporting our complete teaching program amounted to \$700,000.

Each year the cost of our teaching program increases.





Along with the care of the sick, teaching and research go hand in hand as part of the day's work at Roosevelt. Clinical innovations are developed almost anywhere in a hospital whose staff are research and teacher-minded. Teachers and researchers though they may be, those trained at Roosevelt are above all doctors, whose prime concern is care of the patient. Our staff always has and always will have the reputation as a staff composed primarily of clinicians. Our older and more experienced physicians share their knowledge and techniques with the House Staff members, whether the classroom is a formal conference hall, or the wards, the out-patient clinics, the emergency room, the patients' rooms or the operating rooms.

As an outstanding teaching hospital we afford the opportunity for collaboration among the many types of specialists which modern science provides. Our physicians through the years have left a great tradition of service behind them which is passed on to each succeeding generation of young doctors and nurses.

Attached as we are to such symbols of a proud past, it is to the future that we look now, always seeking new ways and means to improve the quality of our teaching program.

When our young men and women leave, we know that they will contribute their full share to the improvement of better patient care wherever they go.



SEARCHING FOR TOMORROW'S ANSWERS TODAY

Research

Roosevelt Hospital has great faith in the role of research for the betterment of human health. This faith has been supported by many generous donors whose vision has made it possible to set aside a special area in our New Garrard Winston Memorial Building for basic and clinical research in the fields of medicine and surgery.

Although Roosevelt Hospital has engaged in clinical research from its inception, a critical lack of space and a shortage of funds have curtailed the development of a formalized basic research program, except in the internationally-known Institute of Allergy, which was co-founded at Roosevelt Hospital in 1932 under the late Dr. Robert A. Cooke and the late Dr. Albert Vander Veer.

With the completion of our new 12-story building, equipment and facilities will be ready to expand the work commenced in 1959 and further developed in 1960.

During the past year an active research committee has been established, protocols have been evaluated on merit and have been authorized by the committee. Of these, three are in allergy, one in the laboratory, six in medicine, one in pediatrics, four in psychiatry and 10 in surgery. Large grants have come from foundations and individuals who wish to remain anonymous. A general hospital research fund has been established to enable the younger men on the staff to finance easily their approved protocols.

Projects now under way in the make-shift temporary surgical and medical research laboratories will be transferred to the new building when it is completed in 1962. In the meantime, new grants are being applied for and the number will increase with each passing year.

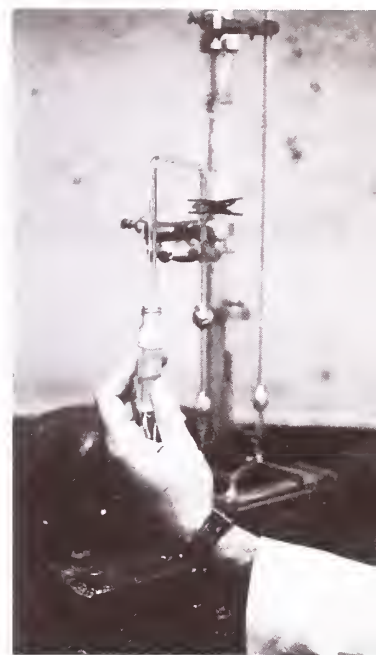
Our new building will provide the necessary facilities but it will be men with the spirit of learning who will dominate the laboratories. Among these outstanding men now serving as principal investigators are: Dr. Samuel Natelson, 1960 Van Slyke Award winner for his outstanding work in the application of chemistry to the diagnosis and treatment of disease; Dr. J. Maxwell Chamberlain, specialist in thoracic surgery, whose team is conducting basic research in open heart surgery and the management of heart injuries; Dr. Adrian Lambert whose cancer research project is entitled, "Drug Assay in Isolated Perfusion;" Dr. Herman Ziffer, principal part-time investigator in the medical laboratory who is currently investigating certain metabolic aspects of systemic lupus erythematosus and the genesis of atherosclerosis; and Dr. William B. Sherman, director of the Institute of Allergy, who is investigating "Prop-

erties of Sensitizing Antibody in Human Allergy." Other projects are under way in the Cardio Pulmonary Laboratory under the Direction of Dr. Charles Bertrand.

Work is being done by full time and part time investigators in association with individual members of the Attending Staff. As additional new facilities and grants become available, our interns and residents will be able to include more and more basic research as a part of their valuable teaching program.

We have accomplished much in the past 91 years in clinical research—but 1960 will go down in our history as the year that marked the beginning of an expanded, organized, formalized basic research program which can be readily transferred when the new facilities on the second floor of the Winston Building are completed. We know that the labor of many scientists, surgeons, physicians and technicians, working long hours, will be required before cures are to be found for cancer, metabolic disorders, infectious diseases, heart diseases, mental illness, atherosclerosis and many other diseases affecting patient care today.

Roosevelt Hospital has joined the ever growing list of other major teaching hospitals searching for tomorrow's answers today in the challenging field of research.





CHIEFS OF MEDICINE – Dr. Arthur J. Antenucci, left, and Dr. Julian M. Freston.

Medical Board

The Annual Report of the President of the Medical Board should furnish a brief but definite chronicle of the past year's efforts and achievements, and should, of course, also give some indication of plans for the years immediately ahead. With the steel of the new Winston Building rising, the future is in our minds more than ever. For many years the annual reports of our Hospital consisted entirely of staff rosters, plus a mass of statistics gleaned from the Record Room. More recently they have been concerned with our three main responsibilities—patient care, teaching, and research.

The year 1960 brought the decision by the Board of Trustees to proceed forthwith to the early completion and equipping of all 12 floors of the Garrard Winston Building. This momentous decision involves a considerable eventual saving over piecemeal construction, and will enable the hospital to become promptly more useful to those who come to our doors for help. The additional beds will enable us to reconsider how the various floors in the older buildings can be made more useful, giving us the flexibility we have long needed in order to adjust to changing needs.

In order that this *modest* increase in size and *great* increase in versatility may be most effective, the Special Planning Committee of the Medical Board must continue its thorough analysis of all possible changes in emphasis. Our hospital must go forward into new fields without losing those qualities for which it has long been famous—the excellence of patient care and of practical clinical teaching. The versatility which characterizes our graduates has been due, in large measure, to our avoidance of either too early or too great specialization. We must continue to insist on a broad training, a rare thing nowadays.

Early in the year, Dr. Rudolf Garret became Director of Laboratories and Attending Pathologist. He has brought his ability and enthusiasm to bear so effectively that the American Board of Pathology and the Council on Medical Education and Hospitals have granted their approval of four full years of training in Pathological Anatomy and Clinical Pathology.

The X-ray Department, the Anesthesia Department, and the Operating Rooms once again carried a heavier load than the year before, and carried it well.

A Special Care Unit, splendidly equipped and staffed to take care of the desperately ill (both medical and surgical patients), became a reality in the fall of 1960, thanks to the combined efforts of the Administration and Dr. James E. Thompson of the Surgical Staff. The Unit, in operation only since Nov. 22, has done much to help the acutely ill and their anxious relatives.

Medical Board Committees have worked diligently on plans for organizing and staffing the new Obstetrical Service (approved in 1959, and to open in 1962) and the proposed Eye Service, which would fill out our ability to care for all who come to our hospital for help.



CHIEFS OF SURGERY — *From left, Dr. James E. Thompson, Dr. Howard Patterson, president of The Medical Board, and Dr. Frederick H. Amendola.*

Our educational program continues to prosper; and we are fortunate, as always, in having a splendid group of internes and residents, and of fourth-year students from the College of Physicians and Surgeons of Columbia University. The close association of Roosevelt Hospital with this fine medical school is of mutual benefit. Our Medical Library continues to grow.

The new bulletin (Dec. 1, 1960) of the Joint Commission on Accreditation of Hospitals serves as an excellent guide for planning our conferences, which, we hope, will be fewer in number, more carefully planned, and better attended. As in the past, our major efforts have been devoted to practical clinical teaching, plus a regular program of didactic conferences arranged by the Three Educational Coordinators. A most essential, new asset is found in our research activities, 1960 being the first full year of operation of our research laboratories. When the research facilities in the new Winston Building become available, an effective, experienced organization will be ready to utilize them to the fullest. This will be very stimulating to our staff at all levels.

The minutes of Medical Board meetings were given a wider distribution in 1960, to stimulate the interest of all physicians who serve the hospital, and to enlist their help.

During the year, Drs. Justin Callahan, Ralph Gause, Henry Kingsbury, William Littler, and Charles Stewart were promoted to full "Attending" status, and Dr. David Crawford was promoted to the rank of Associate Attending.

A truly tall tree fell in our forest with the death of Dr. Robert A. Cooke. He was the "Father" of allergy as a medical specialty, the founder of the American Academy of Allergy, and a Regent of The American College of Physicians. His close association with Roosevelt Hospital spanned nearly 30 years.

At the request of the New York County Medical Society, a Committee on Hospital Utilization was appointed. At first concerned largely with Blue Cross problems, this committee's work has produced many new ideas as to what our role in the community should be in the years to come. It is my opinion that the Number One problem for 1961 should be the reorganization of our Out-Patient Services. Our Emergency Department and Ambulance Services continue as rich sources of clinical material, and the Out-Patient Department can do as well. In spite of the demolition of large areas of the West Side of Manhattan, the total visits to our Medical Clinic increased by 11% over the previous year. A new Endocrine Clinic was established by Dr. Herman Ziffer.



OFFICERS — *Dr. Gurney Taylor, secretary, left, and Dr. Frank R. Smith, vice president.*



Doctors attend General Staff Conference

The matter of "full-time" staffing of certain services at Roosevelt Hospital has received wide study. We must keep an open mind about this; and it is obvious that full-time chiefs should be welcomed, when necessary for the maintenance of the highest standards of patient care and of teaching. We must, however, remember that the United States is the last major country in the world where the voluntary system still provides the great majority of health care to the population; and that dedicated and experienced busy practitioners who like to teach, and make available the time to teach, can offer much that is difficult or impossible to find in any other source.

I have been greatly honored to serve as President of the Medical Board during the past year, and would like to express my gratitude to Mrs. Donald Bush, our able, hard-working and gracious President, to Mr. George Roberts, Chairman of the Board of Trustees and a tower of strength to Roosevelt Hospital for many years, and to the other members of the Board, for their constant help and support. I would also like to thank my associates on the Board, especially Dr. Frank Smith, Vice-President, Dr. Gurney Taylor, Secretary, and the Chairmen of Committees, as well as Mr. Peter Terenzio and his associates in the Administration, who have been so helpful and patient on so many occasions.

HOWARD PATTERSON
president, Medical Board

PROBING TOMORROW'S HOSPITAL PROBLEMS TODAY

Trustees- Administration



DISCUSS PROBLEMS — Mrs. Donald F. Bush, president of The Roosevelt Hospital Board of Trustees, with Mr. Peter B. Terenzio, executive vice president of the hospital.

During 1960, the issues confronting the American voluntary non-profit hospital came into even sharper focus than in former years.

The rapidly expanding population, the great increase in public demand for hospital care, the increase in problems involving prepayment insurance plans, all have had tremendous impact upon hospitals everywhere in this country.

In 1960, we at Roosevelt Hospital tried to assess the human resources we had available for accomplishing our constant aim — better patient care. We sought the best utilization of the time and talents of everyone of the doctors, our 1200 employees and our trustees.

On the Trustee front, we realized that a trusteeship at Roosevelt is an honor, shared by men and women who are strong in their belief in the private enterprise system. Our trustees are the people responsible for the results of the operation of Roosevelt. They must achieve a balance between the ever growing number of patients seeking admittance, and the limitations of the hospital's facilities.

The need for free care to the sick is the primary goal of our endowment fund and this need will always exceed the available facilities and the funds necessary to expand our free services. The hospital, which is primarily concerned with patient care, must continue to be second to none in the excellence of its care of the sick. But we are also a teaching hospital, contributing generously to the education of future doctors and nurses and we realize that we must continue to provide the best facilities and staff to accomplish our educational responsibilities.

Now we are expanding in a third major field — research — in order to keep in step with progress in medical education and treatment. We as trustees realize that Roosevelt must do its share of this investigative work leading to the conquest of disease and to more effective treatment of the sick and injured.

The trustees, working closely with administration, are continuing their efforts to increase the income for hospital operation, so that our three goals, patient care, teaching and research, will be attained and expanded with each passing year.

A closer liaison between administration and the Board of Trustees came about in 1960, after many meetings and discussions.

More than ever before the Trustees are being asked to serve for their wisdom, their business acumen, their experience in voluntary work and their ability to help solve the myriad of problems that face voluntary hospitals today.

Our trustees and administrative members realize that today's hospital will survive only if it is well operated. They realize too, that the trustees are legally, morally and totally responsible for the whole and complete operation of the hospital and for the quality of all services to all patients.

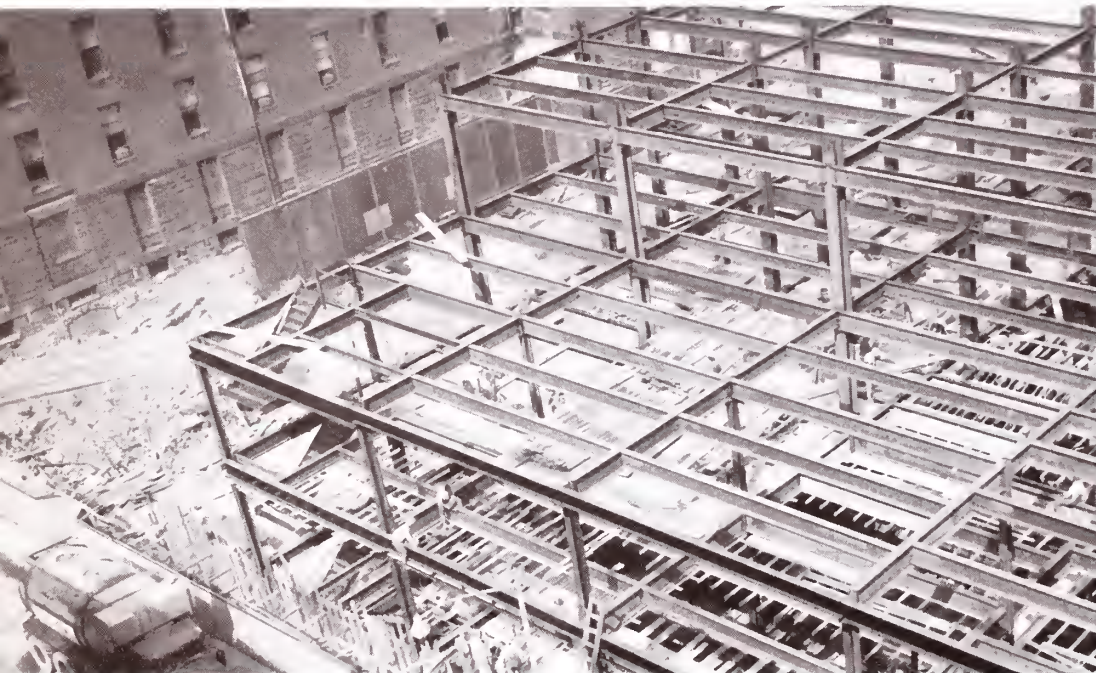
They realize that they must spend and invest money wisely and anticipate future financial needs, inspire public confidence and determine the hospital's purpose both on a short and a long term basis.

Our trustees, who serve without pay, were called upon often for advice and counsel. And they accomplished many things on many fronts during 1960. They decided to move ahead on the final phase of the Garrard Winston Memorial Building construction to complete the 12-story building.

The trustees appointed a new Progress Fund Committee for the final phase under the direction of Mr. Whitfield Carhart.

Total receipts through December 31, 1960, recorded on the Progress Fund were gratifying. The remainder of the 3½ million dollar balance will come from generous friends of the hospital who wish to contribute to Roosevelt because it is meeting its challenges of providing a much needed community health center serving the ever-growing Mid-town Manhattan area.

Our trustees realize that they are responsible for maintaining the hospital in a good safe condition. They fight the hospital's public, legislative and legal battles. They bear the brunt of attacks on the institution and they do all of this on their own time. They realize that Roosevelt, like all voluntary hospitals and unlike all businesses, exists not to make money, but to provide much needed services. Our hospital's success is measured not in terms of dollar volume or profit, but in terms of lives saved and illnesses cured.



Working hand in hand with the trustees is the administrator of the hospital who must be able to understand not only the problems confronting the medical staff, but also problems of finance and human relations. It is his job to see that the community hears the hospital's story, but he must do more, much more. He too must be able to keep the hospital staffed round-the-clock, equipped and always ready for the next emergency. And this poses many problems for there are shortages of much needed nursing and other personnel. There is always an annual problem—the difference between our cost and the revenue received from the city of New York for the care of indigents.

The most significant achievement on the administrative front during 1960 was the introduction of a management course for all of the department heads, to seek fresh thinking and new appraisals of the aims and methods of better hospital management.

Weekly seminars were held with Prof. Charles Summer of the Columbia University Business School, serving as director. These were designed primarily to provide skill in problem-solving and decision-making through analysis of actual problem situations. The managers involved found this a powerful teaching technique. They feel that they are now more able to cope with the problems that come up which need immediate solving in their respective departments. They feel that not only has their efficiency as managers increased, but that they are more able to cope with the basic questions for which they are now seeking answers: What is my department trying to accomplish? How well is it accomplishing its purpose and how could it do a better job?

Our managers are coming up with blue prints for action which will utilize their human resources with a minimum of time and effort and a maximum of efficiency.

Voluntary, non-profit hospitals, operating under the twin pressures of chronic under-financing and community desires for increased services, are continually seeking new and more efficient ways of providing better patient care at the lowest possible cost and are continually planning the improvement and expansion of needed facilities.

The construction of our new building will provide additional private and semi-private accommodations, a new obstetrical department, additional operating rooms, and new laboratories for research. The testing of new techniques are all intermingled with the day-to-day business of operating a voluntary hospital. The community's present needs must be satisfied but the community's future needs must be anticipated.

We feel that the Board of Trustees and the Administration of our hospital are working closer than ever before with the Medical Staff.

This closer cooperation has been attained by the willingness of the busy medical man and the hard-pressed business-man trustee to participate with administration in discussions of our joint areas of responsibility. Without this joint effort we believe no hospital can fulfill effectively its very reason for existence—care of the sick.

We wish to thank all who have contributed their time and talents and their generous support during 1960 to help us to meet our new responsibilities, new opportunities and new challenges.

FAREWELL—Mrs. Helen Sheppard Dunlap, R.N., of the class of 1907, receives congratulations from Jack I. Straus, vice president of the Board of Trustees at her farewell tea and reception on June 28, 1960. Miss Sheppard served the Nursing profession for 53 years and Roosevelt Hospital, for 42 years.



Haniel Peter Bush

MRS. DONALD F. BUSH
President

Peter B. Terenzio

PETER B. TERENCE
Executive Vice President



EXPANDING TOMORROW'S SERVICES TODAY

Volunteers

Our volunteers are on the move at The Roosevelt Hospital. We have discovered that we have a group of "doers" who, when they put their minds to it, can do just about anything. The year 1960 will go down in hospital history as the time of greatest growth — when volunteer services were expanded for the benefit of our patients. Two hundred and ninety-nine more dedicated men and women joined the hospital family as in-service volunteers.

Our 500 volunteers amassed an impressive number of hours—36,461 in all, which was an increase of 24 percent over 1959. This included the professional entertainers who donated time and talent to entertain the children, adult patients on Tower 9, and others throughout the hospital.





Our Volunteers and those from the Christ Church, the Madison Avenue Presbyterian Church and the Senior Citizens of the Elliott Neighbors Center sewed diligently for Central Supply. Two new patient services were introduced—The Friendly Visitors program which was initiated in May, 1960, and the evening Information Service which started in March, 1960. Here the volunteers man the desk at the entrance of the Tower Memorial Building and assist the Admitting Office. The escort-Messenger Service was expanded to cover ward floors more effectively. Mrs. Eve Dyrssen, Director of Volunteer Services, was responsible for many innovations. She held orientation courses, concentrated on recruitment and formed a Staff Advisory Council, consisting of supervisors or members of every department, to exchange new ideas on how to improve patient services. But the most significant new project, co-sponsored by the Volunteer Committee and the United Hospital Fund, was the pilot program which got underway in July, 1960, to establish a Patient's Free Library Service, entirely operated by trained volunteers. At the end of its experimental period, Roosevelt Hospital will have a library service which will serve as a model for other hospitals throughout the country. Named in honor of Mrs. Constance McLane Mohun, who retired after giving 29 years of dedicated volunteer service, the library will eventually serve all patients with our volunteers distributing books, libraphones, and prism glasses from portable book carts on a daily basis.

The outstanding social event of the year, the Ball of the Roses, co-sponsored by the Volunteer Committee and the Board of Trustees, increased the Medical-Care-Maintenance Fund by a record \$41,708. The first annual theatre benefit (the musical, *Greenwillow*) aided the Progress Fund by \$13,090. The Volunteer Shop, which underwrites the Committee's expenses each year, net \$8,300, of which \$2,500 went to the Progress Fund and the Volunteer Committee contributed another \$2,500.

Our Nearly New Shop located at 802 Ninth Avenue, net another \$7,548 of which \$1250 went to the Progress Fund, \$3,500 went to the Medical-Care-Maintenance Fund and the balance aided Social Service Department projects.

All of us are proud of our hospital's heritage of service to patients. We shall do our part to continue to broaden our services to enrich the hospital and the community it serves.

Edith B. Thompson

MRS. JAMES E. THOMPSON
Chairman, The Volunteer Committee

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ANTICIPATING TOMORROW'S NEEDS TODAY

Financial Highlights

PATIENT CARE

Throughout its 91-year-old history, the Roosevelt Hospital has had but one primary goal—to provide the finest patient care possible on a round-the-clock basis.

To offset our annual losses for below cost care, we need to augment our Endowment Fund so that the income can be returned to the hospital for patient care.

OUR ENDOWMENT NEED IS...

\$12,000,000

TEACHING PROGRAM

Roosevelt Hospital is a non-profit, teaching hospital, closely affiliated with the College of Physicians and Surgeons at Columbia University.

We support 76 residents and interns and have an enrollment in our School of Nursing of 124 student nurses. In 1960 our costs for our teaching program totaled \$700,000.

IN 1961 WE NEED...

\$700,000

RESEARCH

Although patient care is our primary goal, the Roosevelt Hospital has always engaged in clinical research. Because of a lack of space, basic research, out of necessity, had to be limited. Our new building will provide an entire area for basic research projects. We need your help to maintain this enlarged program.

OUR ENDOWMENT
NEED FOR RESEARCH IS...

\$500,000

THE ROOSEVELT HOSPITAL BALANCE SHEET, DECEMBER 31, 1960

Assets

	1960	1959
<i>General and Temporary Funds:</i>		
Cash	\$ 94,339	\$ 275,452
Investments—Bonds and stocks, at cost (market value; 1960, \$311,415; 1959, \$301,945)	311,393	301,935
Interest receivable	88,796	92,270
Accounts receivable:		
Patients' care (less reserve; 1960, \$208,590; 1959, \$194,800)	1,092,512	761,651
Other (Note 1)	198,500	27,136
Supplies, prepaid insurance, etc.	120,018	130,030
<i>Total general and temporary funds</i>	<u>\$ 1,905,558</u>	<u>\$ 1,588,474</u>

Endowment and Special Funds:

Cash	\$ 248,785	\$ 460,447
Investments—at cost:		
Endowment funds:		
Bonds and stocks (market value; 1960, \$7,787,141; 1959, \$7,799,237)	6,599,626	6,941,810
Mortgages receivable and real estate	151,500	152,500
Special funds—Bonds and stocks (market value; 1960, \$6,486,108; 1959, \$5,594,060)	6,446,930	5,639,633
Interest receivable	50,385	33,759
<i>Total endowment and special funds</i>	<u>\$13,497,226</u>	<u>\$13,228,149</u>

Plant and Replacement Funds:

Land and land improvement, at cost	\$ 323,355	\$ 323,355
Buildings and equipment, at cost (less depreciation; 1960, \$4,132,585; 1959, \$3,756,538)	7,036,193	7,331,718
Construction in progress (Note 2)	2,490,791	1,107,968
Cash	33,343	52,691
Investments—Bonds and stocks, at cost (market value; 1960, \$1,351,884; 1959, \$1,207,754)	1,032,428	939,648
<i>Total plant and replacement funds</i>	<u>\$10,916,110</u>	<u>\$ 9,755,380</u>
<i>Total</i>	<u>\$26,318,894</u>	<u>\$24,572,003</u>

NOTES:

(1) During 1960 The Associated Hospital Service of New York adopted a new formula for determining payment rates for care to their subscribers. Under this revised formula, the Hospital expects to receive in 1961 an additional amount, estimated to be \$175,000, representing increased cost of services rendered in 1960. This amount is included in accounts receivable—other and in operating income for the year.

The Hospital has been informed that The Associated Hospital Service must accumulate additional unassigned surplus

Liabilities

	1960	1959
<i>General and Temporary Funds:</i>		
Liabilities:		
Accounts payable	\$ 120,982	\$ 191,165
Salaries, wages, employees' taxes, etc.	181,137	119,581
Total	\$ 302,119	\$ 310,746
Fund Reserves:		
General Fund	1,261,336	934,482
Temporary Funds	342,103	343,246
<i>Total general and temporary funds</i>	<i>\$ 1,905,558</i>	<i>\$ 1,588,474</i>

Endowment and Special Funds:

Endowment Fund Reserves	\$ 6,764,980	\$ 7,119,660
Special Fund Reserves:		
Unrestricted Gifts and Legacies Fund	569,909	838,834
Stuart M. Crocker Educational Fund	1,043,476	957,327
Progress Fund	5,118,861	4,312,328
<i>Total endowment and special funds</i>	<i>\$13,497,226</i>	<i>\$13,228,149</i>

Plant and Replacement Funds:

Plant Fund Reserves:		
Capital invested in property	\$ 7,359,548	\$ 7,655,073
Construction funds	2,490,791	1,107,968
Total plant fund reserves	\$ 9,850,339	\$ 8,763,041
Replacement Funds	1,065,771	992,339
<i>Total plant and replacement funds</i>	<i>\$10,916,110</i>	<i>\$ 9,755,380</i>
<i>Total</i>	<i>\$26,318,894</i>	<i>\$24,572,003</i>

and obtain approval from the Superintendent of Insurance of the State of New York before the participating hospitals are reimbursed for additional costs. A similar adjustment applicable to the period April 1, 1959 to December 31, 1959 was paid in 1960; this adjustment amounted to \$85,951 and is included as a direct credit to general fund.

(2) The Hospital is in process of constructing the Garrard Winston Memorial Building. At December 31, 1960 expenditures on this project amounted to \$2,426,000; commitments for future expenditures are approximately \$6,100,000.

Statement of Current Income

	1960	1959
<i>Operating Income:</i>		
Care of patients	\$7,015,113	\$6,568,196
Less allowances and provision for doubtful accounts	1,581,590	1,744,367
Care of patients—net	\$5,433,523	\$4,823,829
Other (including transfers from temporary and special funds; 1960, \$63,126; 1959, \$96,680)	510,290	533,558
<i>Total operating income</i>	<u>\$5,943,813</u>	<u>\$5,357,387</u>
<i>Operating Expenses:</i>		
Professional, nursing, and special services	\$3,535,448	\$3,168,608
Outpatient service	307,752	276,173
Dietary	700,131	646,542
Household and property	991,619	860,688
Residence buildings	95,190	92,622
Administration	1,017,357	974,541
<i>Total operating expenses</i>	<u>\$6,647,497</u>	<u>\$6,019,174</u>
<i>Loss Before Depreciation</i>	<u>\$ 703,684</u>	<u>\$ 661,787</u>
Provision for depreciation	388,548	380,269
<i>Operating Loss</i>	<u>\$1,092,232</u>	<u>\$1,042,056</u>
<i>Other Income:</i>		
Investment income	\$ 426,819	\$ 402,153
United Hospital and Greater New York Fund grants	155,601	144,587
Contributions	138,162	121,002
<i>Total other income</i>	<u>\$ 720,582</u>	<u>\$ 667,742</u>
<i>Net Loss for the Year</i>	<u>\$ 371,650</u>	<u>\$ 374,314</u>

Summary of Changes in Funds

General and Temporary Funds:

BALANCE—JANUARY 1, 1960	\$ 1,277,728
ADDITIONS:	
Contributions and legacies	226,210
Income from investments	13,015
Additional income for 1959 resulting from a rate adjustment by the Associated Hospital Service of New York	85,951
Fund Transfers:	
For depreciation on buildings and equipment (unfunded)	388,548
From Unrestricted Gifts and Legacies	350,000
Proceeds from disposal of equipment	2,335
TOTAL	\$ 2,343,787
DEDUCTIONS:	
Net loss for the year	371,650
Expenditures for property and equipment	159,243
Payments by Temporary Funds for patient care	56,959
Salaries, Supplies, etc. Charged to funds	129,966
Transfers to Endowment and Special Funds	22,530
TOTAL	\$ 740,348
BALANCE—DECEMBER 31, 1960	\$ 1,603,439

Endowment and Special Funds:

BALANCE—JANUARY 1, 1960	\$13,228,149
ADDITIONS:	
Contributions and legacies	1,641,717
Income from investments	335,019
Transfers from General and Temporary Funds	22,530
TOTAL	\$15,227,415
DEDUCTIONS:	
Expenditures for property and equipment	1,318,937
Grants and other	61,252
Transfers to General Fund	350,000
TOTAL	\$ 1,730,189
BALANCE—DECEMBER 31, 1960	\$13,497,226

Note—During 1960 a transfer of \$500,000 was made from the Winston Endowment Fund to the Progress Fund.

Plant and Replacement Funds:

BALANCE—JANUARY 1, 1960	\$ 9,755,380
ADDITIONS:	
Property	1,478,180
Income from investments	73,433
TOTAL	\$11,306,993
DEDUCTIONS:	
Fund Transfers:	
For depreciation on buildings and equipment (unfunded)	388,548
Proceeds from disposal of equipment	2,335
TOTAL	\$ 390,883
BALANCE—DECEMBER 31, 1960	\$10,916,110

Board of Trustees of The Roosevelt Hospital:

March 17, 1961

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1960 and the related statement of current income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

As explained in Note 1 to the accompanying balance sheet, the Hospital expects to receive in 1961 an additional amount from The Associated Hospital Service of New York estimated to be \$175,000 representing an adjustment under a revised formula for determining payment rates to participating hospitals for services rendered in 1960. Payment of such adjustments by The Associated Hospital Service depends upon the accumulation of additional unassigned surplus and the subsequent approval by the Superintendent of Insurance of the State of New York.

In our opinion, subject to the collectibility of the amount referred to in the preceding paragraph, the accompanying balance sheet and statement of current income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1960 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Accountants'
Opinion

Haskins & Sells
HASKINS & SELLS

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 (4)*Peter B. Terenzio,
 Executive Vice President

*Member of the Executive Committee (1) Deceased (2) Resigned (3) Leave of Absence (4) Member of the Medical Board

1960 House Staff

ALLERGY

Residents
 John T. Connell, M.D.
 Ronald G. Fragge, M.D.
 Robert Karol, M.D.
 William M. Nicholas, M.D.
Fellow
 Arsenio B. Vivera, M.D.
Graduate Fellow
 Jose Matute, M.D.

DENTAL SURGERY

Intern
 Norman A. Petti, D.D.S.

DERMATOLOGY

Resident
 Joseph Karlin, M.D.

GYNECOLOGY

Resident
 Ruth A. MacLean, M.D.
Assistant Resident
 Carmine Spedaliere, M.D.

MEDICINE

Resident
 Kenneth A. Altman, M.D.
1st Assistant Residents
 Albert Attia, M.D.
 William G. Atwood, M.D.
 Anthony Gerardi, M.D.
 Thomas M. Gellert, M.D.
 Timothy J. Regan, M.D.
2nd Assistant Residents
 James C. Carver, M.D.

Thomas J. Degnan, M.D.
 Stanley L. Pomper, M.D.
 William E. Reeves, M.D.
 John W. Schieffelin, M.D.
 Cecelia A. Young, M.D.

Interns

William H. Brownlee, M.D.
 Donald Guber, M.D.
 William E. Hermance, M.D.
 Daniel L. Macken, M.D.
 Charles J. Morosini, M.D.
 Gerald F. O'Brien, M.D.
 Gail M. Ryan, M.D.
 Melvin M. Sigman, M.D.

OTOLARYNGOLOGY

Resident
 Guy Bouchard, M.D.

1st Assistant Resident
 Victor A. Romano, M.D.
2nd Assistant Resident
 Herbert Schwarz, M.D.

PATHOLOGY

Assistant Residents
 Franklin Davis, M.D.
 Emil Pascarelli, M.D.
 Eduardo Reyes, M.D.

PEDIATRICS

Resident
 S. T. White, M.D.
Assistant Residents
 (1) Assieh Biniat, M.D.
 Siong Yek Chu, M.D.
 William B. Wood, M.D.

PLASTIC & RECONSTRUCTIVE SURGERY

Fellow

(2) Dusanka Jakovljevic, M.D.

Residents

Robert W. Beasley, M.D.
Carlos Simonetta, M.D.

PSYCHIATRY

Fellow

Arthur N. Avella, M.D.

Residents

Arthur H. Green, M.D.
Stanley L. Portnow, M.D.
Maria L. Velez, M.D.

Assistant Resident

(2) Alvaro Rojas, M.D.

RADIOLOGY

Residents

Gilbert Meltsner, M.D.
(1) Joseph N. Ward, M.D.

1st Assistant Residents

Neil M. Proshan, M.D.
Walter G. Weeks, M.D.

2nd Assistant Resident

Henry Hertzberg, M.D.

SURGERY

Residents

Milton Comer, M.D.
Robert A. Hinrichs, M.D.
Jerome G. Stabile, M.D.

1st Assistant Residents

John E. Crisp, M.D.
Thomas E. Federowicz, M.D.
Chin Bor Yeoh, M.D.

2nd Assistant Residents

Richard W. Brenner, M.D.
Daniel J. Collins, M.D.
Robert W. Sherry, M.D.

3rd Assistant Residents

Frederick S. Baker, M.D.
William C. Bostic, M.D.
Edward J. Eyring, M.D.
John J. Jasaitis, M.D.
Kristaps J. Keggi, M.D.
George Lacy, M.D.
James W. G. Murray, M.D.

Interns

Richard B. Clutz, M.D.
Thomas F. Coats, M.D.
Henry F. Dawes, M.D.
G. Arnold Mulder, M.D.
Thomas M. Older, M.D.
Joseph L. Shaw, M.D.
E. Vernon Stabler, M.D.

UROLOGY

Assistant Resident

Marvin H. Marx, M.D.

(1) Sick Leave (2) Completed Training Prior to December 31, 1960.

THE ROOSEVELT HOSPITAL

...is approved for intern and resident training by

The American College of Surgeons

The American Medical Association

The American Dental Association

...is accredited by

The Joint Commission on Accreditation of Hospitals

...is affiliated with

The College of Physicians and Surgeons,
Columbia University

...is a member of

The American Hospital Association

The Hospital Association of New York State

The Greater New York Hospital Association

The Greater New York Fund

The United Hospital Fund

*...is a participating hospital in the Master Plan for
Hospitals and Related Facilities of*

The Hospital Council of Greater New York

THE ROOSEVELT HOSPITAL SCHOOL OF NURSING

...is approved by

The New York State Department of Education

...is fully accredited by

The National League for Nursing Accrediting Service

...is a member of

The Department of Diploma and

Associate Degree Programs of the National League
for Nursing

BUILDING TOMORROW'S HOSPITAL TODAY

Moving Ahead

The Roosevelt Hospital is moving ahead on every front to bring about better care for all our patients. For the first time, our new building scheduled for completion in 1962, in addition to providing more private and semi-private accommodations, will also provide adequate facilities for two new major services—obstetrics and basic research.

Always in the process of guiding our expansion, our trustees have worked closely with administration and Medical Board members, constantly examining society's unmet hospital requirements, weighing one current need against another, weighing all against older needs and established commitments.

This flexibility involves constant review and the freedom not only to embark upon new programs, but, after careful deliberation, to discard old programs when they have outlived their usefulness.

In looking ahead our trustees are not minimizing our need for and the determination to raise \$3,500,000, the additional balance needed to complete and equip the 12-story Garrard Winston Memorial Building.

Our trustees believe that medical progress is worth the cost and they are doing everything possible to meet the financial responsibilities facing all major voluntary hospitals today. They also realize that an important cause of this difficulty is the cost of caring for indigent patients who cannot afford to pay.

To our many generous friends who, in the past, have given much to help defray our annual deficit, we thank you. We realize that your role as a philanthropist is an important one. Your financial help enables us to provide the finest patient care. The patient's health is our primary concern. Everyone who has ever aided our Medical Care-Maintenance program or Progress Fund, has contributed to this mission and is helping to translate that concern into future reality.

Our prime goal has been and always will be *patient care*. When you give to our annual campaign, you are helping us in three ways: (1) to provide better patient care; (2) to maintain a Teaching Program for training young physicians and nurses and (3) to support our expanded research program which will result in greater medical knowledge.

With gratitude and sincere personal thanks, the Board of Trustees of the Roosevelt Hospital acknowledges the unselfish contributions of time, energy and resources of all who have contributed during the past year to the hospital. Your gifts have made it possible for us to maintain our full community health role in the unfolding drama of human healing. If your friends or relatives wish to contribute to the hospital, the following forms of bequest and devise may be used:

FORM OF BEQUEST

I give and bequeath to The Roosevelt Hospital in the City of New York the sum of _____ dollars (\$) to be applied to the use and benefit of the said hospital, under the direction of the Trustees thereof.

FORM OF DEVISE

I give and devise to The Roosevelt Hospital in the City of New York all that, etc. (describe the property) to be had and holden to the said Roosevelt Hospital in the City of New York, its successors and assigns, for the use and benefit of the said hospital.

